## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**FILED** May 18 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS					Scoretary	or State
	MENT # P9700 ROPERTIES, INC.	00085266 (9	9)		e hadinade sha halis kadal addis galif dann adian (d).	8) Plat 1388 Bicle Dit 1881
Principal Place of Business Mailing Address					1 14841484 114 14111 14811 4811 181141 2011 148141 1841	)   0 ((10 )   9   6   0   11   0   11   (4   0 )
9102 LINGRO BROOKSVILLI			9102 LINGROVE ROAD BROOKSVILLE FL 34613		DO NOT WRITE IN THIS	SPACE
<u>.</u>					3. Date Incorporated or Qualified 09/23/1997	
2. Principal Place of Business 2s. Mailing Ac			•		4. FEI Number	Applied For
Suite, Apt.	# Alc	26 Suite Apt # ote	Suite, Apt. #, etc.		59-3469330	
22	#, <b>G</b> (C.	27 Solid, Apr. #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23	, · · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution	Added to Fees
Zip	Country Zip Country		ry	8. This corporation owes or has paid the cu		
24	25	29	30			Yes X No
	9. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of New Registered	Agent
	LEN, SYLVIA S		-			
	02 LINGROVE ROAD OOKSVILLE FL 34613		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
DI	OUNDVILLE FL 34013		8	3		
•				4 00		
	00		8	4 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 69, 0502 and 607, 1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Elevida. Such change was authorized by the cagent. I am lapiliar with, and accept the engineers of, Section 607, 0505, Florida Statutes.					poration submits this statement for the purpose o ation's board of directors. I hereby accept the app	f changing its registered pointment as registered
SIGNATURE	Sylvia 1 (U	len Sylvis	$q \supset h$	11/20	4/27/	198
12.	<del></del>	agent and title if upplicable (I		gont signature requ	ired when reinstating) DATE	DIDEOTODO IN 40
TITLE	/h	DELETE	<b>13.</b> [E 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	ALLEN, SYLVIA S		1.2 NAM			
STREET ADDRESS	9102 LINGROVE ROAD		1.3 STRE	et address		
CITY-ST-ZIP	<b>B</b> ROOKSVILLE FL 34613		1.4 CiTY-3			
TITLE		DELETE	2 1 TITLE			Change Addition
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME STREET ADDRESS			3.2 NAME	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	i		
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREI	ET ADDRESS		
CITY-ST-ZIP	4.4		4.4 CITY-	-ST-ZIP		
TITLE		☐ DELETE	DELETE 5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				et address		
CITY-ST-ZIP TITLE			5.4 City- 6.1 Title			Change Addition
NAME			6.2 NAME			L Change L Abunton
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
	certify that the information supplied	with this filing does not qualif			Section 119.07(3)(i), Florida Statutes. I further of	rtify that the information

indicated on this annual report or supplemental africal seport is true and accurate and that my signature shall have the same legal effect as it made under oath; that officer or director of the corporation or the receiver of vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appeal block 12 or Block 13 if changed, or on an attachment with an address.